

Rec'd PCT/PTO 24 SEP 2004

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
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<p align="center">DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</p> <p><input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required) OR</p>	Attorney Docket Number	JAB 1703-PCT-USA
	First Named Inventor	Lesage Anne, Simone, Josephine
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RADIOLABELLED QUINOLINE AND QUINOLINONE DERIVATIVES AND THEIR USE AS
METABOTROPIC GLUTAMATE RECEPTOR LIGANDS
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 03/26/2003 as United States Application Number or PCT International Application Number PCT/EP03/03240 and was amended on (MM/DD/YYYY) ☐

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
✓ 02076254.8	EP	03/29/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Application Number(s)</th> <th style="padding: 2px;">Filing Date (MM/DD/YYYY)</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> </tr> </tbody> </table>	Application Number(s)	Filing Date (MM/DD/YYYY)			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Filing Date</th> <th style="padding: 2px;">Status</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> </tr> </tbody> </table>	Filing Date	Status			<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
Application Number(s)	Filing Date (MM/DD/YYYY)									
Filing Date	Status									
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:										
I hereby appoint: <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div> <input checked="" type="checkbox"/> Practitioners at Customer Number 000027777 → </div> <div style="text-align: right;"> Place Customer Number Bar Code Label Here </div> </div> <p style="margin-top: 10px; text-align: center;">AND</p> <div> <input type="checkbox"/> Practitioner(s) named below: </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><u>Name</u></div> <div><u>Registration Number</u></div> </div>										
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.										
Address all telephone calls to _____ at telephone number (732) 524-_____.										
Direct all correspondence to: <div style="display: flex; align-items: center; margin-top: 5px;"> <input checked="" type="checkbox"/> Customer Number or Bar Code Label <div style="border: 1px solid black; padding: 2px; margin: 0 10px;">000027777</div> OR <input type="checkbox"/> Correspondence address below </div>										
Name:										
Address:										
Address:										
City:	State:	ZIP								
Country	Telephone:	Fax:								

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1-00
NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Anne, Simone, Josephine

Family Name
or Surname Lesage

Inventor's
Signature 

Date 20 AUG 2004

Residence: City Halle-Zoersel

State

Country BEX Belgium

Citizenship Belgium

Mailing Address Janssen Pharmaceutica N.V., Turnhoutseweg 30, 2340 Beerse, Belgium

City Beerse

State

ZIP B-2340

Country Belgium

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

2-00
NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) François, Paul

Family Name
or Surname Bischoff

Inventor's
Signature 

Date 20 AUG 2004

Residence: City Vosselaar

State

Country BEX Belgium

Citizenship France

Mailing Address Janssen Pharmaceutica N.V., Turnhoutseweg 30, 2340 Beerse, Belgium

City Beerse

State

ZIP B-2340

Country Belgium

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3-00
NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Cornelius, Gerardus, Maria

Family Name
or Surname Janssen

Inventor's
Signature 

Date 20 AUG 2004

Residence: City Vosselaar

State

Country BEX Belgium

Citizenship Netherlands

Mailing Address Janssen Pharmaceutica N.V., Turnhoutseweg 30, 2340 Beerse, Belgium

City Beerse

State

ZIP B-2340

Country Belgium

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NAME OF FOURTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Hilde

Family Name
or Surname Lavreysen

Inventor's
Signature 

Date 20 AUG 2004

Residence: City Lommel

State

Country BEL Belgium

Citizenship Belgium

Mailing Address Janssen Pharmaceutica N.V., Turnhoutseweg 30, 2340 Beerse, Belgium

City Beerse

State

ZIP B-2340

Country Belgium

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NAME OF FIFTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Family Name
or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SIXTH INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Family Name
or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country